Redmond Fire Department

FIRE SPRINKLER SYSTEM PERMIT APPLICATION

Standard

Quick Start (Existing Systems Only)

(Work **other** than qualified Quick Start Permits)

(20 heads or less and no work in remote area, Only)

Submit at: Permit Center, Redmond City Hall 15670 NE 85 ST Redmond, WA 98052

(425) 556-2473

[THIS BOX FOR STAFF USE ONLY]

Permit fees paid at ti	me of application	are NON-REF	UNDABLE	_
(Standard: 50% of base fee + 3% Surcharge	due at application	Quick Start:	: Total fee due at	application)
NOTE: Standard Permit Submittals for review need to include the Quick Start Permit Submittals need to include one copy of the	ree copies of stampe	d plans, specification	ons, and applicable	calculations.
Project Name/Tenant	Bldg	Bldg Permit #		
Site Address				
Complex Name				
Contractor Name	Pho	ne #		
Contact Name	Fax	#		
Business Address	City		State	Zip
State License Number	Stat	e License Expir	ation Date:	
e-mail address	Red	mond Business	License #	
<u> </u>	SCOPE OF WOR	<u>K</u>		
New System(s):				
Number of Heads Number of Risers/Supplies_				
Fire Pump? Yes No If yes, quantity	Number of Standpip	e Systems	_	
Modification to existing system(s)				
Number of risers affected Number of hea	ds added, deleted o	r relocated .		
Do your plans conform to the requirements of NFPA 13,	Plans and Calculation	ons? Yes No	o If no, why	?
Description of work (be specific, if necessary use the b	pack of this form):			
 Failure to provide any necessary information may Failure to obtain a valid permit prior to working on a syst job. A valid permit and approved plans for a standard permit final inspection. Please allow a minimum of three weeks for Redmond Fi I understand that all applicable codes apply. inspections are the responsibility of the own Redmond ordinances and laws of the State of 	em will result in a double, or a reference copy for the Department review pure Errors and/ or coner/contractor. A	ing of your permit for a quick start, must rocess. missions on to a sub-	fees and a stop works to be at the job site the plans and bject to the co	rk order issued on the prior to scheduling your corrections from field
PRINT NAME (APPLICANT) F	PHONE	SIGNATURE	(APPLICANT)	

REVISION DATE: 1/8/04

RECEIVED AT PERMIT CENTER BY

DATE